

## EGFR Mutation Analysis

*This is a service to medicine from AstraZeneca UK Limited*

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For Source BioScience Healthcare Use

### I: ORDERING CLINICIAN INFORMATION

<p><b>ORDERING CLINICIAN NAME:</b></p> <p>_____</p> <p><b>PHONE</b> _____ <b>FAX</b> _____</p> <p>_____</p> <p><b>EMAIL:</b></p> <p>_____</p>	<p><b>ORGANISATION NAME &amp; ADDRESS:</b></p> <p>_____</p> <p>_____</p> <p>_____</p>
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### II: PATIENT & SPECIMEN INFORMATION

<p><b>LAST NAME</b></p> <p>_____</p> <p><b>FIRST NAME</b></p> <p>_____</p> <p><b>DOB (DD-MMM-YYYY)</b> _____ <b>SEX</b> <input type="checkbox"/> Female <input type="checkbox"/> Male</p> <p>_____</p> <p><b>NHS No.</b> _____ <b>HISTOLOGY No.</b> _____</p> <p>_____</p> <p><b>DATE SPECIMEN TAKEN (DD-MMM-YYYY)</b></p> <p>_____</p>	<p><b>SPECIMEN TYPE</b></p> <p>_____</p> <p><b>SUBMITTING DIAGNOSIS</b></p> <p>_____</p> <p><b>COMMENTS</b></p> <p>_____</p> <p>_____</p>
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### III: SPECIMEN RETRIEVAL INFORMATION

<p><input type="checkbox"/> I will request the specimen for my patient from the pathology department and forward to Source BioScience Healthcare.</p> <p><b>OR</b></p> <p><input type="checkbox"/> I authorise Source BioScience Healthcare to request and collect the specimen for my patient from the pathology department identified adjacent.</p>	<p><i>To be completed if authorising Source BioScience Healthcare to request specimen</i></p> <p><b>LOCATION OF SPECIMEN</b></p> <p>_____</p> <p><b>PHONE</b> _____ <b>FAX</b> _____</p>
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### IV: CLINICIAN SIGNATURE

<p><b>ORDERING CLINICIAN SIGNATURE</b> _____ <b>DATE (DD-MMM-YYYY)</b> _____</p> <p><b>X</b></p> <p>_____</p> <p><b>PRINT NAME</b></p> <p>_____</p> <p><input type="checkbox"/> I confirm this patient is eligible for 1<sup>st</sup> line chemotherapy</p>	<p>Each submission of a Requisition Form for EGFR Mutation Analysis issued by the Client to Source BioScience UK Limited will be deemed to be an acceptance by the Client of the purchase of services subject to Source BioScience UK Limited Terms and Conditions of Supply of Reference Laboratory Services which can be found at <a href="http://www.sourcebioscience.com/healthcare/terms">http://www.sourcebioscience.com/healthcare/terms</a> or can be obtained from Source BioScience directly by telephone request on 01159 973 9012</p> <p>By signing the Requisition Form, the ordering clinician is also confirming that the patient meets the following criteria (i) is an NHS patient; (ii) has non-small cell lung carcinoma and has not received any form of chemotherapy for this condition; and (iii) has been identified by the ordering clinician as requiring EGFR Mutations Analysis in line with the current and any evolving medical practice in the area as supported by published medical literature and independent guidance.</p>
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### V: PATHOLOGY INFORMATION (Pathology department to complete – Read Guidance Notes for Submission of Cases †)

<p><b>SPECIMEN BLOCK ID.</b></p> <p>_____</p> <p><b>I CONFIRM THE SPECIMEN IS LESS THAN 28 DAYS OLD</b> <input type="checkbox"/></p> <p>_____</p> <p><b>COMMENTS</b></p> <p>_____</p>	<p><b>SUBMITTING PATHOLOGIST NAME</b></p> <p>_____</p> <p><b>PHONE</b> _____ <b>FAX</b> _____</p>
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†Guidance notes for submitting a case for EGFR Mutation Analysis to Source BioScience Healthcare may be obtained by telephone on 0115 973 9012